

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520786

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
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15						
16						
17						
18						
19						
20			1			
21						
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24						
25			1			
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36						
37						
38						
39			1			
40						
41						
42						
43						
44						
45						
46			1			
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53			1			
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97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	64	←		←
TOTAL CLAIMS			70			